

In the Matter Of:

*KELLI DENISE GOODE vs
CITY OF SOUTHAVEN
3:17-cv-060-DMB-RP*

*ERIN BARNHART
September 20, 2017*



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IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF MISSISSIPPI
OXFORD DIVISION

KELLI DENISE GOODE,
Individually, and also as
the Personal
Representative of Troy
Charlton Goode, Deceased,
and as Mother, Natural
Guardian, and Next Friend
of R.G., a Minor, and
also on behalf of all
similarly situated
persons,
Plaintiff,

v.

Civil Action No.
3:17-cv-060-DMB-RP

THE CITY OF SOUTHAVEN, et
al.,
Defendants.

ORAL AND VIDEOTAPED DEPOSITION OF

ERIN BARNHART, M.D.

September 20, 2017

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1 ORAL AND VIDEOTAPED DEPOSITION OF ERIN
2 BARNHART, M.D., produced as a witness at the instance of
3 Mr. Tim Edwards, counsel for Plaintiff, was taken in the
4 above-styled and numbered cause on September 20, 2017,
5 from 11:32 a.m. to 1:56 p.m., before Julie R. Borski,
6 Certified Shorthand Reporter, in and for the State of
7 Texas, reported by computerized stenotype machine at the
8 offices of The Lanier Law Firm, 6810 FM 1960 West,
9 Houston, Texas, pursuant to the Federal Rules of Civil
10 Procedure and the provisions stated on the record or
11 attached hereto.

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1 THE VIDEOGRAPHER: Today is September 20th,
2 2017. The time is approximately 11:32 a.m. This
3 deposition is being taken at the Lanier Law Firm, 6810
4 FM-1960 West, Houston, Texas 77069. This is the case
5 number, 3:17-cv-060-DMB-RP, filed in the United States
6 District Court for the Northern District of Mississippi,
7 Oxford Division in the case Kelli Denise Goode, et al.,
8 versus the City of Southaven, et al. The deponent today
9 is Erin Barnhart, M.D.

10 Counsel, will you please represent
11 yourselves, after which the court reporter will swear in
12 the witness.

13 MR. EDWARDS: Tim Edwards and Kevin
14 McCormack for Mrs. Goode.

15 MR. UPCHURCH: David Upchurch on behalf of
16 the defendant Baptist Memorial Hospital-DeSoto, Inc.

17 MR. PHILLIPS: Marty Phillips and Ric Gass
18 for Dr. Oliver.

19 MR. MCCracken: Matt McCracken for
20 Dr. Barnhart.

21 MR. JORDAN: Trey Jordan participating by
22 telephone for Southeast Emergency Physicians.

23 MR. DILLARD: Brad Dillard via telephone
24 for the Southaven defendants.

25 MR. EASTLAND: Hiram Eastland and Jim

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1 Garrett attending by telephone for Goode plaintiffs.

2 ERIN BARNHART, M.D.,

3 having been first duly sworn, testified as follows:

4 E X A M I N A T I O N

5 BY MR. EDWARDS:

6 Q. Your name, please, ma'am.

7 A. Erin Barnhart.

8 Q. And you are Dr. Barnhart?

9 A. I am.

10 Q. You are a medical doctor?

11 A. Yes.

12 Q. And as a forensic pathologist -- which is your
13 field, correct?

14 A. That's correct.

15 Q. All right. I assume you've given depositions
16 before?

17 A. I have.

18 Q. Okay. If you don't understand any of my
19 questions, please tell me. All right?

20 A. All right.

21 Q. Okay. What is your current job position?

22 A. I'm currently the chief medical examiner for
23 Galveston County.

24 Q. And how long have you held that position?

25 A. Since October 15th of 2015.

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1 Q. All right. And so you also live in Galveston?

2 A. I do.

3 Q. Since you are more than 100 miles from the
4 courthouse where this case will be tried, we are taking
5 your deposition in lieu of appearance because you're too
6 far for a subpoena.

7 Do you understand that?

8 A. Yes.

9 Q. So your testimony here today is if -- is as if
10 you were in a courtroom, right?

11 A. Yes.

12 Q. Okay. Now, before you went to Galveston --
13 you're a chief medical examiner?

14 A. I currently am, yes.

15 Q. Okay. What does that mean? That it's only
16 temporary or...

17 A. No. It means I oversee the office.

18 Q. And before you took -- you came to Galveston,
19 you were employed by the State of Mississippi medical
20 examiner's office?

21 A. That's correct.

22 Q. How long were you there?

23 A. For almost four and a half years.

24 Q. And what was your position at the Mississippi
25 ME's office?

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1 A. I was deputy chief medical examiner.

2 Q. Was that your position throughout your four and
3 a half years?

4 A. It was.

5 Q. Did you work somewhere before coming to -- to
6 Jackson, Mississippi?

7 A. No. Prior to that, I was in training.

8 Q. Where did you do your training?

9 A. I completed my pathology residency at
10 University of Texas Medical Branch in Galveston. I
11 completed my forensic pathology training at Miami-Dade
12 County Medical Examiner's office in Miami, Florida, and
13 I completed a surgical pathology fellowship back at UTMB
14 in Galveston. After that, I moved to Jackson to assume
15 my position there.

16 Q. I see.

17 And your field of medicine is -- well, what
18 is your field of medicine?

19 A. The forensic pathology is a subset of anatomic
20 pathology which deals specifically with the
21 determination of the cause and manner of death.

22 Q. Okay. Are there any other medical specialties
23 which focus on the determining cause of death?

24 A. No.

25 Q. Is the American Journal of Forensic Medicine

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1 and Pathology a publication upon which professionals in
2 your field rely?

3 A. It would -- it's -- it's one of many journals
4 --

5 Q. Right.

6 A. -- yes.

7 Q. Do you consider it authoritative?

8 A. I actually don't take it myself, but it's --
9 it's a commonly-read journal.

10 Q. Is it peer -- are the articles in that journal
11 peer-reviewed?

12 A. I believe some are.

13 Q. Okay. Are there journals that -- in your field
14 which you would point out as being authoritative and
15 reliable?

16 A. Again, there -- there are many journals out
17 there, some better than others.

18 Q. Is there one upon which you particularly rely
19 or read on a regular basis?

20 A. No. I would say it goes on -- on an
21 article-by-article basis.

22 Q. All right. You performed the autopsy on Troy
23 Goode; is that correct?

24 A. I did.

25 Q. And that was on July 20, 2015?

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1 **A. Yes.**

2 Q. Okay. And have you reviewed that autopsy
3 report recently?

4 **A. I have.**

5 MR. EDWARDS: Well, so what we'll do is
6 mark that as Exhibit 1.

7 And I'll hand that to you.

8 (Exhibit Number 1 marked.)

9 Q. (BY MR. EDWARDS) And you should feel free to
10 rely upon that as needed. I want to ask you a few
11 things about the report, Doctor.

12 In that report, you note that Mr. Goode's
13 lungs weighed 900 grams and 840 grams?

14 **A. Yes.**

15 Q. That is approximately double the normal weight
16 for a healthy individual?

17 **A. Approximately, yes.**

18 Q. Okay. Mr. Goode's lungs were much heavier than
19 normal because of buildup of fluid?

20 **A. That's right.**

21 Q. And fluid in lungs can accumulate as a result
22 of asphyxia?

23 MR. PHILLIPS: Objection, leading.

24 MR. UPCHURCH: Join.

25 **A. The fluid in the lungs is a very non-specific**

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1 finding. I would say probably over half of all of our
2 decedents have pulmonary edema. Fluid builds up in the
3 lungs as the heart stops beating and as the lungs stop
4 working.

5 Q. (BY MR. EDWARDS) Can fluid buildup be a result
6 of asphyxia?

7 A. It can, yes.

8 Q. What is asphyxia?

9 A. Asphyxia is a -- is a general term relating to
10 lack of oxygenation. It can be due to a variety of
11 mechanisms.

12 Q. Well, generally when you speak of asphyxia, are
13 you talking about lack of oxygen?

14 A. Yes.

15 Q. You also found that Mr. Goode's liver, kidneys
16 and spleen were congested?

17 A. Yes.

18 Q. Were they congested with fluid?

19 A. Congested with blood.

20 Q. All right. Was the congestion in his liver,
21 kidneys and spleen consistent with a lack of oxygen?

22 A. Again, congestion is extremely non-specific,
23 found in the majority of our decedents and would not
24 make me favor one -- one cause of death over any other,
25 really.

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1 Q. All right. Do you -- can lack of oxygen result
2 in a buildup of fluid in the liver, kidneys and spleen?

3 A. I would -- the heart ceasing to beat in anyone
4 will lead to a buildup of blood in the organs.

5 Q. All right. Thank you, but can you answer my
6 question.

7 Would a lack of oxygen -- could a lack of
8 oxygen lead to a buildup of fluid in the liver, kidneys
9 and spleen?

10 A. It's possible, but I don't believe it would be
11 due to the lack of oxygen specifically.

12 Q. Well, certainly a buildup in liver, kidneys and
13 spleen does not rule out lack of oxygen?

14 A. It would not rule it out, no.

15 Q. Is congestion of internal organs a common
16 finding in asphyxia cases?

17 A. It's common in general.

18 Q. Is it common in asphyxia cases?

19 A. Yes.

20 Q. You also noted that there were petechiae.

21 Am I pronouncing that correctly?

22 A. Petechiae.

23 Q. Petechiae in Mr. Goode's back and lateral
24 torso; is that correct?

25 A. I did, yes.

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1 Q. Are petechiae a common finding where the
2 individual dies of asphyxia?

3 A. They are associated with asphyxia most often
4 when they're found in the islets, or the conjunctival
5 surfaces, the inner aspects of the eyelids. They can be
6 positional in nature, meaning the dependant portion of a
7 decedent can accumulate petechiae. Again, they're quite
8 non-specific.

9 Q. Okay. But my question was are petechiae a
10 common finding where an individual dies of asphyxia?

11 A. They're fairly common.

12 Q. In your report, you note that findings on
13 microscopic exam of lungs was alternating areas of
14 hyperexpansion in at -- atelectasis; is that correct?

15 A. Yes.

16 Q. What does that mean?

17 A. It's very common and it means that some
18 portions of the lungs are overinflated and some areas
19 are under-inflated.

20 Q. Is it a -- an abnormal finding?

21 A. I would -- no. And -- and it's often due to
22 our handling of the lung tissue. Obviously during
23 removal and sectioning of the tissue, we're placing
24 pressure on it, so a lot of that may be artifactual.

25 Q. Can a finding -- is a finding of atelectasis

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1 and alternating areas of -- with hyperexpansion
2 consistent with oxygen deprivation?

3 A. I wouldn't say they're associated, no.

4 Q. Well, is it consistent with oxygen deprivation,
5 those findings?

6 A. Again, I don't think there's any association
7 between the two.

8 Q. All right. Is there peer-reviewed literature
9 that would be at variance with your answer?

10 A. I have no idea.

11 Q. Are you aware of any literature that says
12 alternating areas of hyperexpansion and collapse are a
13 common histological finding in cases of asphyxia?

14 A. I'm not aware of that.

15 Q. Did you look into Mr. Goode's medical
16 background before signing your report?

17 A. I was given some medical records from the day
18 that he died. I don't recall having any other medical
19 records other than -- than those from his terminal
20 admission.

21 Q. Okay. And those would have been from Baptist
22 Memorial Hospital --

23 A. I believe --

24 Q. -- DeSoto?

25 A. -- so.

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1 Q. Was there anything to indicate that Mr. Goode
2 had a history which contributed to or caused his death?

3 A. Not that I was aware of, no.

4 Q. There was nothing in his history that would
5 lead you to conclude that a condition existing before he
6 was shackled and chained would have been a substantial
7 contributing cause to his death?

8 A. No.

9 Q. You put in your report that the cause of death
10 was, quote, complications of LSD toxicity, right?

11 A. Yes.

12 Q. What does that mean?

13 A. Frankly, it's rather broad and I intended it to
14 mean that the ingestion of LSD was the precipitating
15 factor that led to the series of events ending in his
16 death.

17 Q. Was the precipitating factor of what events?

18 A. His death.

19 Q. Well, LSD does not cause death.

20 A. I -- I would generally agree with you.

21 Q. Well, do you know of any situation where LSD
22 toxicity has caused death?

23 A. No.

24 Q. None in the literature either, correct?

25 A. Not that I know of.

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1 Q. LSD is not addictive, correct?

2 MR. PHILLIPS: Objection, leading.

3 Q. (BY MR. EDWARDS) Is LSD addictive?

4 A. To my knowledge, no.

5 Q. Is LSD a stimulant?

6 A. I'm -- I'm probably not -- not qualified to
7 answer that. I know it can have some stimulant
8 qualities.

9 Q. Do you know if L -- that's a bad question.

10 Does LSD cause severe stimulation of the
11 central nervous system?

12 A. Yes.

13 Q. It does?

14 A. To my knowledge, yes.

15 Q. Can you cite us to any authority on that?

16 A. Generally the symptoms include psychosis,
17 paranoia, hyperactivity. Those would -- to me, would
18 seem to be nervous system stimulation.

19 Q. In your opinion, does LSD have the same
20 physiologic effects as alcohol, cocaine or amphetamines?

21 A. It's a different class of drugs.

22 Q. So your answer is, no, it does not have the
23 same physiologic effects?

24 A. It probably has some overlapping physiologic
25 effects.

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1 Q. Like what?

2 A. Hyperactivity, hallucinations, paranoia,
3 potential psychosis.

4 Q. All right. What about stimulation of -- of
5 aggressive tendencies?

6 A. I think that's a possible side effect of many
7 substances.

8 Q. Can you give us any reference to where LSD has
9 made someone aggressive?

10 A. I can't -- I can't cite any sort of case
11 report.

12 Q. All right. LS -- LSD is a hallucinogenic; is
13 that correct?

14 A. Yes.

15 Q. Is it in the same category as drugs such as
16 peyote?

17 A. I think so, yes.

18 Q. Peyote is a naturally-occurring substance used
19 in religious ceremonies among Southwest U.S. Indian
20 tribes?

21 MR. PHILLIPS: Objection, leading.

22 Q. (BY MR. EDWARDS) To your knowledge?

23 A. I'll -- I'll take your word for it. Yes,
24 that's what I've heard.

25 Q. Okay. And same question about psilocybin

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1 mushrooms. Is that an hallucinogenic?

2 A. I believe it is, yes.

3 Q. Are you familiar with the -- the
4 naturally-occurring drug known as ayahuasca?

5 A. No.

6 Q. Is there any scientific evidence that supports
7 the proposition that hallucinogenics from a toxicity
8 standpoint cause death?

9 A. From a toxicity standpoint, I don't know of any
10 data to that effect.

11 Q. In contrast, is cocaine known to cause death?

12 A. Possibly, yes.

13 Q. Right. Not always, but there have been many
14 reports of cocaine-related deaths in your profession?

15 A. Yes, generally in combination with other --
16 other drugs.

17 Q. All right. Methamphetamine is another drug
18 which is known among forensic pathologists to be a
19 possible cause of death?

20 A. Yes.

21 Q. Are you familiar with the term excited
22 delirium?

23 A. I am, yes.

24 Q. And how are you familiar with that?

25 A. I actually believe that Mr. Goode's death and

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1 the circumstances leading to his death are highly
2 suspicious for excited delirium.

3 Q. You did not put that in your report, did you?

4 A. I did not, but I believe that it falls under
5 the heading of complications of LSD toxicity.

6 Q. Well, do you know Dr. De Maio?

7 A. I do.

8 Q. Did you talk to --

9 A. I'm sorry.

10 Q. Who sent you a text --

11 A. I'm sorry. Not personally. Let me rephrase --

12 Q. Okay.

13 A. -- that. I know of him.

14 Q. Have you talked to Dr. Di Maio?

15 A. No.

16 Q. Have you seen Dr. Di Maio's book on excited
17 delirium?

18 A. I believe I have.

19 Q. Are you aware that Dr. Di Maio says that when
20 there is a forensic pathology diagnosis of excited
21 delirium, that that should be in the report on -- of
22 autopsy?

23 A. I think you would have to say that on a
24 case-by-case basis.

25 Q. Well, let me see if I can...

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1 MR. EDWARDS: No, let me use that one.

2 Q. (BY MR. EDWARDS) Have you seen this --

3 A. I have --

4 Q. -- text?

5 A. -- yes.

6 Q. It is Forensic Pathology Second Edition by
7 Dr. Di Maio, and apparently, his brother.

8 There are two of them?

9 A. Yes.

10 Q. Let me see if I can find this, Doctor.

11 Dr. Di Maio says the -- in the
12 aforementioned cases -- and this is on excited delirium,
13 and you're welcome to look at this. In the
14 aforementioned cases, the authors suggest two ways of
15 certifying the cause of death. First is to sign out the
16 cause of death as, quote, excited delirium, unquote, and
17 then list, quote, struggle, unquote, quote, cocaine
18 intoxication, unquote, et cetera, as contributory
19 causes.

20 The other way is to sign out the cause of
21 death in a descriptive manner, for instance,
22 cardiopulmonary arrest during violent struggle and
23 individual under influence of cocaine, alcohol, et
24 cetera.

25 Do you agree or disagree with Dr. Di Maio?

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1 A. I think it's a fine suggestion. I don't think
2 he meant -- intended it to be an order.

3 Q. Okay. Why did you not list excited delirium as
4 a cause of death?

5 A. Frankly, because Mr. Goode did not have a
6 recorded fever that I could find in his medical records.
7 If there had been proof of hypothermia, I think I would
8 have gone that route.

9 Q. Well, you bring up a good point.

10 Doctor -- Dr. Stratton, who is one of the
11 people referenced by Dr. Vilke who has been disclosed in
12 this case, says that hypothermia is invariably present
13 in cases deemed to be cases of death caused by excited
14 delirium.

15 Do you agree or disagree?

16 A. I -- I think generally it is a feature which
17 is, again, why I didn't call this excited delirium.

18 Q. No, I'm sorry. Doctor -- Dr. Stratton, relying
19 upon some articles or some writings by Dr. Karch -- are
20 you familiar with Dr. Karch in Great Britain?

21 A. I believe I've heard of him, yes.

22 Q. Okay. Dr. Stratton and Dr. Karch say that
23 invariably, hyperthermia is present in cases deemed to
24 be those of death caused by excited delirium.

25 Do you agree or disagree?

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1 MR. PHILLIPS: I'll object to the
2 statements of counsel and the lack of foundation.

3 MR. EDWARDS: Okay.

4 A. Generally I agree, which is, again, why I did
5 not call this excited delirium.

6 Q. (BY MR. EDWARDS) All right. What -- what
7 findings other than -- what findings were there that
8 would have even raised excited delirium as a cause of
9 death, in your mind?

10 A. The circumstantial information regarding his
11 behavior, which was -- seemed to be hyperactive, loud
12 and incoherent shouting, paranoia, possible aggression,
13 erratic behavior, all of which reportedly occurred
14 subsequent to the ingestion of a drug, I think, would
15 make any forensic pathologist very suspicious for
16 excited delirium.

17 MR. GASS: Tim, this is Ric Gass. Could
18 you give us the page you were quoting from in Di Maio,
19 please.

20 MR. EDWARDS: 504.

21 MR. GASS: Thank you.

22 THE WITNESS: Would you mind if I looked at
23 that book?

24 MR. EDWARDS: You may look at anything you
25 like.

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1 **THE WITNESS:** Thank you.

2 MR. EDWARDS: Uh-huh. And I should say,
3 Doctor, any time you want to see anything, you are
4 certainly welcome to do it, so please just tell me.

5 Q. (BY MR. EDWARDS) Dr. Vilke in some of his
6 writings -- first of all, let me ask you this.

7 Is the Journal of Emergency Medicine one
8 with which you are familiar?

9 A. Honestly, I'm not very familiar with journals
10 and other specialties.

11 Q. Okay. Well, Dr. Vilke wrote that -- about
12 excited delirium, "Most of these cases were found to be
13 associated with the introduction and abuse of cocaine in
14 North America. Since then, this connection between
15 excited delirium and cocaine has continued.
16 Additionally, excited delirium has now been recognized
17 to occur in association with other elicit drugs of
18 abuse, particularly cocaine, methamphetamine and PCP, as
19 well as with certain types of mental illness and their
20 associated treatment and medications."

21 Would you agree or disagree with Dr. Vilke?

22 A. I would agree.

23 Q. Okay. Dr. Vilke -- well, let me ask you this.

24 Are you aware of any situations, cases,
25 literature, that says LSD is a cause of excited

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1 delirium?

2 A. Not specifically, but I have heard it mentioned
3 in association with excited delirium. I feel confident
4 that -- that some case could be found.

5 Q. Do you know of any?

6 A. No.

7 Q. What is the mechanism by which excited delirium
8 causes death?

9 A. I don't know that it's known exactly, but it's,
10 I -- I think, known to -- or thought to be
11 neurologically mediated in combination with ill effects
12 on the heart resulting from things like catecholamine
13 release and electrolyte disturbances in the body.

14 Q. Did you check Mr. Goode's catecholamine level?

15 A. No. Postmortem catecholamines are not
16 reliable.

17 Q. Okay. Can you direct us to any authority that
18 says LSD has an impact on the heart?

19 A. I wouldn't know who to direct you to to answer
20 that.

21 MR. JORDAN: And I apologize, folks. Our
22 siren is just going off here. This is Trey Jordan. Is
23 this -- is this impacting your ability to hear?

24 MR. EDWARDS: It's rather a nuisance, yes.

25 MR. MCCracken: It's not for whom the bell

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1 tolls.

2 MR. JORDAN: I'm just going to cover up the
3 phone. Sorry about that.

4 MR. GASS: Trey, don't you have a mute
5 button you could push?

6 MR. EDWARDS: Okay.

7 Q. (BY MR. EDWARDS) Doctor, did you consider the
8 fact that Mr. Goode was hog-tied, also known as maximal
9 restraint, as a complication of LSD?

10 A. I'm sorry. Can you re-ask the question.

11 Q. Yes.

12 In reaching the conclusion in your report,
13 did you consider the fact that Mr. Goode was hog-tied in
14 maximal restraint as a complication of LSD?

15 A. I -- I considered it in my -- I definitely
16 considered it. I believe in part, that is encompassed
17 under this umbrella of complications of LSD toxicity.

18 So, yes, I would say -- if -- if the
19 question is do I include that underneath this umbrella
20 of complications, I would say yes.

21 Q. Okay. And how was it, in your opinion, that
22 the hog-tieing contributed to his death?

23 A. I -- I think --

24 MR. DILLARD: This is Brad Dillard. I'm
25 going to object to the use of the term "hog-tied."

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1 MR. EDWARDS: Well, your experts have --
2 who have been disclosed refer to it as "hog-tide."

3 MR. DILLARD: I made my objection. Thank
4 you.

5 MR. PHILLIPS: I'll object as lacking
6 foundation for the question also.

7 Q. (BY MR. EDWARDS) Go ahead, Doctor.

8 A. I'm sorry. I --

9 MR. DILLARD: The same objection.

10 A. -- forgot the question.

11 Q. (BY MR. EDWARDS) Yeah. How, in your opinion,
12 based upon a reasonable degree of medical certainty, did
13 the method of restraint known as maximal restraint or
14 hog-tieing, also in a prone position, contribute to the
15 death of Mr. Goode?

16 A. I'm not sure that it did contribute. I think
17 that the -- the part of it that I considered was the
18 fact that it could have led to increased agitation,
19 increased psychosis, increased metabolic demands on the
20 body, which would have worsened his excited delirium,
21 potentially.

22 Q. Right. Okay.

23 Is it your experience that somebody that is
24 bound in such a fashion is typically in a quite excited
25 state?

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1 A. Yes, I think that would go without saying.

2 Q. Is that what we lay people might call the
3 flight-or-fight syndrome?

4 A. I think so.

5 Q. Okay. Now, following on up, the agitation
6 increase caused by the method of restraint would have
7 what physiologic effects?

8 A. I don't know that I can say exactly. I think
9 that probably depends on the individual. It depends on
10 the environment. It depends on a host of other factors,
11 if they have natural illness, if they're intoxicated, if
12 they're on drugs.

13 But, again, I think -- I think the
14 potential for increased catecholamine release, increased
15 stress on the heart, is -- is a possibility.

16 Q. From the method of restraint?

17 A. Or from just being restrained in general.

18 Q. Well, have you ever dealt with a case involving
19 a decedent who had been restrained in a hog-tied
20 fashion?

21 A. I feel certain that I have, but I can't think
22 of a specific case.

23 Q. What, from your point of view, would have been
24 the situation with Mr. Goode's breathing immediately
25 preceding death? Would he have had agonal breathing?

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1 MR. UPCHURCH: Object to the form.

2 A. No, I can't say that he definitely would have
3 had agonal breathing.

4 Q. (BY MR. EDWARDS) Would he have simply stopped
5 breathing, going from normal breathing to stopping
6 breathing?

7 A. I think that's probably more likely, but,
8 again, I -- I -- I can't be certain. I wasn't there.

9 Q. So you can't say to a reasonable degree of
10 medical certainty whether or not he went through some
11 transitional phase from being healthy to dead?

12 A. I don't think I can, no.

13 Q. All right. What about his heartbeat? Do you
14 have an opinion as to whether immediately preceding
15 death, his heartbeat would have been in sinus rhythm or
16 in arrhythmia?

17 A. I would expect there to be arrhythmias in
18 anyone who's actively dying, so to speak. But I can't
19 say what -- what type of arrhythmia he would have had,
20 no.

21 Q. Do you have any evidence that he was in
22 arrhythmia well before his death?

23 A. I don't recall any of that specifically.

24 Q. Did you receive the records from the emergence
25 -- emergency medical services?

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1 A. I -- I think I did, but I can't be certain. It
2 was a long time ago.

3 Q. If the EMS had recorded SVT, supraventricular
4 tachycardia, would that be of significance to you in
5 your professional capacity?

6 A. It wouldn't change anything about my diagnosis.
7 It -- it means that his -- his heart was beating very
8 fast, which under the circumstances, I don't think is
9 surprising.

10 Q. Did you review the monitoring of his heart rate
11 while he was at Baptist Hospital?

12 A. The actual EKG strips?

13 Q. Yes.

14 A. I would not have, no.

15 Q. Did you review the monitoring of his blood
16 oxygen saturation while he was at the Baptist Hospital?

17 A. Again, I did review some medical records, but I
18 don't recall -- I'm not sure if it was all of them.

19 Q. Well, did you see any monitoring of his blood
20 saturation?

21 A. Not that I recall.

22 Q. Is that something which you would have liked to
23 have seen in order to reach your opinion?

24 A. It would be helpful.

25 Q. I believe that -- do you know Gary Vilke?

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1 A. No.

2 Q. You mentioned agitation, acidosis and maybe
3 something else as a result of excited delirium; is that
4 correct?

5 A. I did not mention acidosis.

6 Q. You did not?

7 A. No.

8 Q. All right. Is acidosis a complication of
9 excited delirium?

10 A. I wouldn't say so specifically. That's more of
11 a metabolic derangement.

12 Q. Okay. So can this concept of excited delirium
13 cause acidosis?

14 A. Probably, but I -- I -- that's -- it's not
15 something that I would rely on to make the diagnosis.

16 Q. Can excited delirium be managed with standard
17 medical interventions?

18 MR. PHILLIPS: Objection, lack of
19 foundation, lack of qualification and beyond the scope
20 of her role as a forensic pathologist.

21 Q. (BY MR. EDWARDS) You may answer, Doctor.

22 A. I don't treat live patients.

23 Q. So do you -- do you not know one way or another
24 as to whether excited delirium is treatable medically?

25 A. No, I really don't.

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1 Q. Okay. Does everybody in excited delirium die?

2 A. I'm not sure that all do; but I know that if
3 not all, then a very, very high percentage of people do.

4 Q. A very high percentage?

5 A. I guess what I'm saying is there may be some
6 people who have survived excited delirium. I have not
7 heard of any of those cases specifically.

8 Q. Well, if Dr. Vilke says it's less than 10
9 percent death rate in people with excited delirium,
10 would you take issue with that?

11 A. No. And, again, I'm probably getting into an
12 area that I -- that I'm not an expert in. I'm not sure
13 what the survival rate is. Because, again, I only see
14 people who haven't survived things.

15 Q. Okay. But you do agree that tactile hyper --
16 hyperthermia is always associated with excited delirium?

17 A. I'm not sure that it always is, but to my
18 knowledge, it generally is.

19 Q. Would you argue with the statement that it is
20 invariably associated with excited delirium death?

21 A. I don't know that I would argue with it.

22 Q. All right. And in your report, you indicated
23 that Mr. Goode was restrained after a struggle; is that
24 correct?

25 A. In the opinion section? Yes, I did.

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1 Q. All right. And how did you come to have that
2 information?

3 A. The information that I had, or would have had,
4 I believe, at the time of autopsy would have come from
5 the investigator -- who in Mississippi is the coroner --
6 and then potentially EMS reports, police reports and
7 medical records.

8 Q. Well, what was the struggle which was related
9 to you?

10 A. As I recall, he was running around in a parking
11 lot. I think there was even an attempt to take him
12 which failed. And I guess, frankly, part of it is the
13 assumption that if you end up restrained on a gurney,
14 there was a struggle to get you onto the gurney.

15 Q. An assumption?

16 A. I -- I don't recall specifically what
17 information I had and from whom, but simply that he did
18 struggle with law enforcement officers who were trying
19 to, I guess, take him into custody or take him to the
20 hospital.

21 Q. How many law enforcement officers did it
22 require to subdue him?

23 A. I don't have any idea.

24 Q. In these cases of excited delirium where they
25 talk about super human strength, it typically takes,

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1 what, six, seven, eight officers to subdue those people?

2 A. Oh, I would say it depends on the person being
3 subdued and probably -- probably what drugs they're on.

4 Q. Certainly cocaine is a drug that would cause
5 one to become in an excited agitated state?

6 A. I would think so, yes.

7 Q. Yeah. And cocaine is one which you have seen
8 or have seen reports of that caused the person to be --
9 to be aggressive towards police?

10 A. Yes.

11 Q. Mr. Goode was a small man?

12 A. He wasn't small, but he was not -- he wasn't --
13 he certainly wasn't obese. A hundred and seventy
14 pounds, 72 inches is what I have.

15 Q. Where did you get 172 pounds?

16 A. We would have weighed him at the morgue.

17 Q. All right. Now, you noted in here in your
18 report I'm still referring to, that he had some
19 abrasions on his right cheek and chin; is that accurate?

20 A. Yes.

21 Q. Was it reported to you where he got those?

22 A. No, I don't believe so.

23 Q. Let me back up to the struggle thing.

24 Was it reported to you that Mr. Goode was
25 threatening the police officers?

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1 A. I don't recall having that information, no.

2 Q. Was it reported to you that Mr. Goode was
3 unarmed?

4 A. I don't know that that was specifically
5 reported to me. I didn't -- I was never told that he
6 was armed.

7 Q. All right. In your report, going back to the
8 opinion section, you specifically noted that emergency
9 records indicate the body temperature was normal?

10 A. I did.

11 Q. And the reason you did that is because that was
12 a finding -- if his body temperature had been elevated,
13 that would be a finding that is invariably associated
14 with excited delirium?

15 A. I included that -- generally, I include my
16 opinion section to serve as sort of a -- a general
17 outline of my -- or a general summary of my thought
18 process in order for -- if another doctor comes behind
19 me and reviews my report, to know what I was thinking.
20 And I know that probably if they had the case
21 information, their question would be why didn't she call
22 this excited delirium. So I -- I put that sentence in
23 there basically to answer that question.

24 Q. Because he didn't -- his temperature was
25 normal, you did not conclude it was excited delirium?

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1 A. Well -- and, again, I -- I -- I think I only
2 had one reading from the emergency room, so I didn't
3 have anything from EMS. I didn't have anything prior to
4 when EMS got there. And I couldn't be sure that he
5 wasn't given medication that could have lowered a fever.
6 I just didn't have any of that information. So that's
7 why I mentioned specifically in the emergency room he
8 didn't have a fever.

9 Q. Right.

10 And you do recall that the temperature was
11 taken at triage before he was medicated, right?

12 A. No, I don't recall when it was.

13 Q. If he was -- if he had a normal temperature
14 upon arrival and presentation at the emergency
15 department, then he did not have elevated body
16 temperature, right?

17 A. I think he could have prior to that.

18 Q. You -- do you have any evidence of that?

19 A. No, but I don't have any evidence that he
20 didn't.

21 Q. Well, is that the way you make your decisions
22 as to cause of death, is speculation?

23 A. Of course not.

24 Q. You looked for elevated temperature
25 specifically trying to link the death to the syndrome

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1 that some recognize as excited delirium?

2 A. I was -- I was looking for that because
3 everything about this case seemed consistent with it.

4 Q. But the finding normal body temperature rules
5 out excited delirium?

6 A. I don't know that it does. And, again, I only
7 have, you know, one single reading.

8 Q. Correct. But assuming that there's no evidence
9 that he was of elevated temperature, and you don't have
10 an essential element for concluding excited delirium?

11 A. I think it's -- I think one could argue that
12 excited delirium may be possible without hypothermia.

13 Q. Point -- point me to any authority that says
14 that.

15 A. I can't.

16 Q. Okay. In fact, Dr. Stratton, et al., in an
17 article relied upon by a number of people say -- says,
18 "Hypothermia is important when considering factors
19 associated with sudden death with restrained excited
20 delirium."

21 Do you agree?

22 A. So he says important. I don't disagree that
23 it's important.

24 Q. He goes on and says, "Karch and others have
25 noted that those who died from restrained excited

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1 delirium are invariably hypothermic."

2 Agree or disagree?

3 A. Again, it is generally considered to be part of
4 excited delirium. I'm not arguing that point.

5 Q. But the lack of hypothermia is the reason that
6 you could not put into your report death due to excited
7 delirium?

8 A. It's the reason I chose to be more general.

9 Q. Now, Doctor, help with this pronunciation.

10 Is it subgaleal?

11 A. Subgaleal.

12 Q. Subgaleal? You found subgaleal hemorrhage on
13 both sides of the parietal skull; is that correct?

14 A. Yes.

15 Q. For the jury's benefit, would you put your hand
16 up to the area that is the parietal skull.

17 A. The parietal skull is the -- is the upper
18 lateral portion of the skull.

19 Q. And by lateral, you mean rear?

20 A. No.

21 Q. Or sides?

22 A. I mean sides.

23 Q. Okay. Is it more to the rear of the head than
24 it is to the front?

25 A. No. Lateral would be, you know, anywhere along

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1 the side of the head.

2 Q. What were your findings about the subgaleal
3 bleeding -- or hemorrhage? I'm sorry.

4 A. Nothing specific. Subgaleal hemorrhage is just
5 essentially a bruise of the scalp.

6 Q. Well, how does that happen?

7 A. From -- from -- from contact with some object.

8 Q. Right.

9 Well, you understand that his -- that
10 Mr. Goode's hands were handcuffed behind him?

11 A. Yes.

12 Q. And his legs were shackled?

13 A. I don't know that I know that specifically, but
14 that's what I've heard.

15 Q. And that his legs and hands were bound together
16 behind his back?

17 A. Again, I -- I've heard suggestion of that, but
18 I haven't seen anything definitive.

19 Q. Okay. And he was prone, facedown?

20 A. Yes.

21 Q. Well, my question, then, is how did these --
22 this hemorrhaging on both sides of his head occur?

23 A. My -- my best guess would be that he had his
24 face -- his head alternately turned from one side or the
25 other and there were impacts on these sides of his head.

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1 Q. And you think that would be possible from a
2 hog-tied position?

3 A. That he could move his head? Yes.

4 Q. And bang his head down?

5 A. I think it's possible.

6 Q. Do you know?

7 A. No, I suppose not.

8 Q. The subgaleal hemorrhaging also should -- could
9 have occurred from someone striking Mr. Goode?

10 A. Yes, it could have.

11 Q. Nowhere in your report do you mention the
12 manner of restraint, whether hog-tied or maximal prone
13 position restraint.

14 Why is that?

15 A. First of all, hog-tied, I think, is more of a
16 colloquial term. I don't know that there's any specific
17 definition of what it is. I know what I picture when
18 you say that. And to the best of my recollection, I
19 knew that his arms and legs were restrained, but beyond
20 that, I don't know that I know a whole lot else about --
21 I never saw any photographs, for example. I'll put it
22 that way.

23 Q. Did you ever look at the YouTube video of the
24 placing of -- of Mr. Goode into the ambulance?

25 A. I did see a video, I believe -- well, when I

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1 was still in Mississippi and the coroner may have shown
2 it to me, but I don't have any idea. And actually, I
3 didn't realize it was on YouTube. If it was on YouTube,
4 then somebody in my office could have shown it to me
5 also.

6 And I do recall that he was on a -- a
7 gurney outside an ambulance and that -- I definitely
8 remember that his wrists were behind him.

9 Q. You mentioned hog-tie is colloquial?

10 A. Well, I don't know that there's -- I'm not sure
11 that there's a specific definition.

12 Q. Okay. Is -- is hog-tie something that is used
13 among forensic pathologists in describing a manner of
14 restraint?

15 A. I certainly wouldn't. I'm sure there are some
16 who would.

17 Q. Well, Dr. Vilke who is not a forensic
18 pathologist said that "ankle and/or leg restraints
19 connected in a hog-tied fashion, also known as position
20 of maximal restraint." And my question is hog-tie is
21 something that is not a NAPAMA to the medical profession
22 insofar as use to describe a manner of restraint, is it?

23 A. Again, I would never use that term. I -- I'm
24 not -- I -- I'm sure others would, clearly.

25 Q. Do you fault those that would use it?

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1 A. That's their choice.

2 Q. Well, there's nothing professional that would
3 bar using that term, is there?

4 A. I --

5 Q. Let me --

6 A. I think it would be -- okay. I'm sorry.

7 Q. Let me re-ask.

8 There's nothing in your specialty of
9 forensic pathology which would bar using the term
10 "hog-tie"?

11 A. Not specifically.

12 Q. In your -- the course of your education and
13 training, were you educated about the dangers of
14 hog-tieing someone?

15 A. Not specifically, no.

16 Q. Well, what about generally?

17 A. It's -- it's something that's discussed within
18 forensic pathology, but we don't restrain anyone, so I'm
19 not sure why we would specifically be educated in its
20 dangers.

21 Q. Well, within the discussions in forensic
22 pathology, is it pointed out that hog-tieing poses a
23 danger to the person in that type of restraint?

24 A. I think there's some debate about that.

25 Q. Are there forensic pathologists who caution

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1 against hog-tieing?

2 **A. Probably.**

3 Q. Are there forensic pathologists who caution
4 against holding somebody in a prone position?

5 MR. PHILLIPS: I'll object to this line of
6 questioning as outside her role as a forensic
7 pathologist who did the autopsy. She's not been
8 designated as an expert witness.

9 Q. (BY MR. EDWARDS) Go ahead, Doctor.

10 MR. UPCHURCH: Join.

11 Q. (BY MR. EDWARDS) Go ahead.

12 **A. I'm not aware of any -- I'm not aware of anyone**
13 **who -- who discusses the dangers of an adult being**
14 **placed in a prone position specifically, but there may**
15 **be someone.**

16 Q. If the manner in which Mr. Goode was restrained
17 was a contributing factor to his death, why did you not
18 classify this as a homicide?

19 MR. PHILLIPS: Objection, lack of
20 foundation.

21 **A. I don't -- again, I don't know that it was a**
22 **contributory cause.**

23 Q. (BY MR. EDWARDS) Are you a member of the
24 National Association of Medical Examiners?

25 **A. No, I'm not right now.**

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1 Q. Have you ever been?

2 A. Yes.

3 Q. Is it -- is it a reputable organization within
4 the field of forensic pathology?

5 A. It is, yes.

6 Q. Are you familiar with "A Guide for the Manner
7 of Death Classification"?

8 A. I am.

9 Q. All right.

10 MR. EDWARDS: We'll mark this as Exhibit 2.
11 (Exhibit Number 2 marked.)

12 MR. GASS: Tim, while that's being marked,
13 could you point me to where that subgaleal reference is
14 that you were questioning Dr. Barnhart about.

15 THE COURT REPORTER: Who's speaking?

16 MR. EDWARDS: Ric Gass.

17 MR. GASS: This is Ric Gass. I'm sorry.

18 THE COURT REPORTER: That's okay.

19 MR. EDWARDS: Evidence of injury on page 2
20 of 4.

21 MR. GASS: And which paragraph?

22 MR. EDWARDS: Evidence of injury.

23 MR. GASS: There are three paragraphs under
24 that title.

25 THE WITNESS: It's the first paragraph.

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1 MR. GASS: I'm wondering which of the
2 paragraphs it's in.

3 MR. EDWARDS: The one on page 2.

4 MR. GASS: Page 2 has a section labeled
5 "Evidence of Injury".

6 MR. PHILLIPS: It's the third sentence of
7 the first -- it's the third sentence under that heading.

8 MR. GASS: I see it. Thank you.

9 Q. (BY MR. EDWARDS) Okay. Doctor, have you seen
10 this document before?

11 A. Yes.

12 Q. All right. My question for you is this: There
13 are, beginning on page 8, a number of sections to
14 classify deaths; is that correct?

15 A. I'm not sure. I would have to look at it.

16 Q. Please. Do you have a copy?

17 A. No.

18 Q. Sorry.

19 MR. EDWARDS: Here you are.

20 THE WITNESS: Thanks.

21 A. I'm sorry. Could you repeat the question.

22 Q. (BY MR. EDWARDS) Yes.

23 Beginning on page 8, there is a section
24 entitled "Principles and Recommendations For Specific
25 Types of Cases".

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1 A. Yes.

2 Q. All right. Now, my question for you is -- take
3 your time, but which one of these sections would
4 Mr. Goode fall into?

5 A. Well, I'll start by saying I don't know that
6 this is -- I don't know that this is intended to be
7 comprehensive. It's meant to be helpful for -- for
8 complicated -- for complicated cases. But let's see if
9 I can find something here.

10 Q. Well, first, let me ask you this question.

11 On page 9 under number 4, it says "Deaths
12 directly due to the acute toxic effects of a drug or a
13 poison."

14 Mr. Goode does not fit into that category,
15 correct?

16 A. No, because I would not say it -- it's directly
17 and solely attributable to toxic effects. Or I would
18 have simply called it an overdose.

19 Q. On that -- on that point -- and you obtained a
20 toxicology report, right?

21 A. I did.

22 Q. And that toxicology report showed that
23 Mr. Goode had a very small amount of LSD in his system?

24 A. I believe so, yes.

25 Q. Here's a copy.

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1 MR. EDWARDS: I'll mark this as Exhibit 3.

2 (Exhibit Number 3 marked.)

3 Q. (BY MR. EDWARDS) Actually, it showed that he
4 had -- he had only one nanogram per milliliter; is that
5 right?

6 A. Yes.

7 Q. Okay. That's a very small amount, yes?

8 A. Yes.

9 Q. And he had -- do you know of a toxic level for
10 LSD?

11 A. No. I don't think it's been established, and I
12 think LSD in general is -- is not very toxic.

13 Q. Actually, Doctor, are you familiar with the
14 work of Dr. Gable, G-A-B-L-E?

15 A. I don't think so.

16 Q. So your testimony is that a toxic level for LSD
17 has not been established?

18 A. I'm -- I'm sure he did establish one. Right?

19 Q. Actually, he didn't. He guessed at 4800
20 nanograms per liter.

21 A. Okay.

22 Q. Which would be 4800 times what Mr. Goode had,
23 right?

24 MR. PHILLIPS: I'll object to the testimony
25 of counsel and the lack of foundation to the question.

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1 A. In the postmortem samples, yes.

2 Q. (BY MR. EDWARDS) Okay. All right. And you
3 were -- so we can rule out number 4, right, on page 9?

4 A. Yes.

5 Q. Okay. Do you see any of these areas in which
6 Mr. Goode falls?

7 A. Probably not because, again, this is a rather
8 unusual case. I don't -- I wouldn't expect it to fit
9 neatly into one of these -- into one of these
10 categories. There is a section that does deal with
11 positional restraint and law enforcement officers, and I
12 assume that's the -- the section that you're referring
13 to.

14 Q. Section 16?

15 A. Yes.

16 Q. Would you agree that out of all of these -- how
17 many are there -- 46 categories, number 16 is the most
18 likely description of how Mr. Goode died?

19 MR. PHILLIPS: Objection, leading.

20 A. Again, this is completely not comprehensive,
21 even remotely. It doesn't have motor vehicle accidents.
22 It doesn't have heart attacks. It doesn't have cancer.
23 This has a very few very specific scenarios. It's not
24 meant to -- to be something that you say, okay, every
25 death is going to fit into one of these categories.

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1 Q. (BY MR. EDWARDS) Well --

2 MR. GASS: This is Ric Gass. Could we have
3 a slowly read title of the document that has been given
4 to the witness, please, as Exhibit 2.

5 MR. EDWARDS: A Guide For the Manner Death
6 Classification, First Edition, National Association of
7 Medical Examiners.

8 Q. (BY MR. EDWARDS) Now, Doctor, thank you for
9 that. But my question was, out of this document and the
10 40-some-odd classifications for death, the one in which
11 Mr. Goode would most likely fit is number 16?

12 MR. PHILLIPS: Objection, leading.

13 Q. (BY MR. EDWARDS) Is that correct?

14 MR. PHILLIPS: Objection, leading.

15 A. There's no way that I can put -- force a case
16 into one of these specific categories that aren't
17 applicable.

18 Q. (BY MR. EDWARDS) Doctor, my question was is
19 there any more descriptive classification for
20 Mr. Goode's death --

21 A. Well, this one --

22 Q. -- than number 16?

23 A. -- this one mentions -- mentions positional
24 asphyxia and law enforcement, both of which are things
25 that you're concerned with. So I guess, yes, it uses

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1 most of the same words.

2 Q. Okay. Now, Doctor, the National Association of
3 Medical Examiners recognizes that people may die due to
4 excessive restraints imposed by law enforcement?

5 A. Of course.

6 Q. All right. I'll take that.

7 In your report, you noted that Mr. Goode
8 became unresponsive.

9 How -- how did you come to have that
10 information?

11 A. Again, it would have been from some of the
12 records I received.

13 Q. All right. Did you talk to anyone before
14 signing off on the autopsy report?

15 A. Anyone?

16 Q. About the report.

17 A. I may have spoken to some of the other medical
18 examiners in the office about the case.

19 Q. And now, what office?

20 A. In Mississippi. I'm sorry.

21 Q. Because by the time you signed this report, you
22 were already in Galveston, right?

23 A. That's right. It was one of the reports that I
24 finished while I was in Galveston.

25 Q. All right. Why did it take four months post

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1 autopsy to finish the report?

2 A. Because I believe I sent away -- so we did
3 toxicology, obviously. That report was not issued until
4 September 10th, and then the slides had to actually be
5 mailed to me because I was out of state. And I think --
6 I don't recall. I thought maybe I had ordered -- I had
7 added on a synthetic cannabinoid screen at some point.

8 Q. You did, Doctor.

9 A. Okay.

10 (Exhibit Number 4 marked.)

11 Q. And let me pass you that. The highlighting on
12 it is mine. I didn't mean for that to be copied that
13 way, but you can ignore that. But it's entitled a
14 supplemental report, and it was a September 17, 2015 --

15 A. Okay.

16 Q. -- is that correct?

17 A. Yes.

18 Q. Okay. Now, the -- the first -- the initial
19 toxicology report did not give you the information that
20 you needed in order to establish cause of death?

21 A. No, I think the way -- I don't recall exactly.
22 But synthetic cannabinoids are a newer -- a newer
23 substance that we're learning more about every day, and
24 I think because of his erratic behavior, I decided it
25 would be a good idea to test for that.

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1 Q. Okay. So you did ask NMS, which is the
2 laboratory up in Pennsylvania, to look specifically what
3 -- for what's known as en bones?

4 A. I've never heard it referred to that way,
5 but...

6 Q. How -- how do you refer to it?

7 A. Synthetic cannabinoids.

8 Q. And -- and in the street, I think they call it
9 en bones?

10 A. Oh, okay. No, I wasn't aware of that.

11 Q. Those -- those can be -- they're synthetic
12 drugs, as I understand it.

13 A. Okay.

14 Q. Is that right?

15 A. They are. They're -- they're -- they are
16 called things like K2 and Spice and Kush and stuff like
17 that.

18 Q. Okay.

19 A. They're synthetic cannabinoids. They make some
20 people actually psychotic. So that was why I decided to
21 test for them.

22 Q. All right. And the test results were negative?

23 A. They were.

24 Q. So from the two toxicology screens that you had
25 run, you did not have any pharmacological evidence of

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1 cause of death, would that be accurate?

2 A. No, I don't think that would be accurate. It's
3 -- it's simply a part of the exam. I would have had the
4 slides mailed to me, looked at them at some point. I
5 was also in the process of moving, starting a new job.
6 My files were packed up. It was just a -- it -- it
7 probably would have done much -- been done earlier if I
8 had not been moving during this process.

9 Q. Well, my question was, was there any
10 pharmacological cause of death?

11 A. Yes. I feel -- I feel like we've already
12 covered this. My opinion is that LSD was the underlying
13 or initiating feature in this whole sequence of events.

14 Q. That's the complications of LSD you referenced?

15 A. Yes.

16 Q. And the complications are what caused the
17 hog-tieing, correct?

18 A. Well, yes, the psychosis.

19 Q. And so that's -- you consider that a
20 complication of LSD, the manner of restraint?

21 A. I don't think that he would have been
22 restrained otherwise.

23 Q. Okay. Well, I'm just asking you, Doctor. I'm
24 just trying to find out what's at the bottom of
25 complications.

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1 And as I understand what you're saying is
2 that the manner of restraint was a complication of LSD?

3 A. Yes. In addition to -- to -- to other things,
4 yes.

5 Q. As you've described?

6 A. Yes.

7 Q. Do you need to add to or subtract from any of
8 what you've said?

9 A. No, I don't think so.

10 Q. All right. The Guide for Manner of Death
11 Classification on page 7 has a section on the but/for
12 principle.

13 Are you familiar with that?

14 A. I am.

15 Q. Well, the question -- the question is, in your
16 opinion, but for the manner of restraint of Mr. Goode,
17 would he have died?

18 A. No. I would say but for the ingestion of LSD,
19 would Mr. Goode have died.

20 Q. Because LSD led to the manner of restraint?

21 A. Yes.

22 Q. All right. But let me go back. I want to ask
23 this specific question under the name National
24 Association of Medical Examiner's document but/for test.

25 But for the manner of restraint, is it your

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1 opinion that Mr. Goode would not have died?

2 A. That is not my opinion.

3 Q. All right. He would have died even with --
4 even without being hog-tied?

5 A. I believe that's a very good possibility, yes.

6 Q. And what would the mechanism of death have
7 been?

8 A. Excited delirium.

9 Q. But he didn't have the -- you didn't put
10 excited delirium?

11 A. I only have one temperature reading to go off
12 of.

13 Q. You don't -- what are all the indicia of
14 excited delirium? What are the physiologic findings for
15 a diagnosis of excited delirium?

16 A. I think I mentioned some earlier. Psychosis,
17 loud outburst, incoherent speech, aggression, paranoia.

18 Q. Those all sound like different names for the
19 same thing to me as a layperson, an agitated state?

20 MR. PHILLIPS: I object to the statements
21 and testimony of counsel.

22 Q. (BY MR. EDWARDS) What -- what aggression did
23 Mr. Goode commit?

24 A. I'm -- I simply said that is one of the
25 possible features of excited delirium. I'm not accusing

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1 him of being aggressive towards anyone.

2 Q. Well, what -- what findings on autopsy must you
3 have in order to render an opinion of excited delirium
4 as a cause of death?

5 A. There aren't any.

6 Q. There are none?

7 A. No, there are no definitive autopsy findings
8 for a diagnosis of excited delirium.

9 Q. So you just put excited delirium down when you
10 can't find something else?

11 A. I didn't put it down.

12 Q. You did not have the findings that you as a
13 professional considered necessary to list excited
14 delirium as cause of death?

15 A. Excited delirium is a largely circumstantial
16 diagnosis.

17 Q. What does that mean to a lay?

18 A. It means that there are no specific autopsy
19 findings.

20 Q. So when do you -- there are no specific autopsy
21 findings.

22 Well, so when do you use it?

23 A. Again, when the circumstances suggest excited
24 delirium as the diagnosis. As an example, if you were
25 to find somebody dead on the street, no one had seen

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1 them die, you had no idea what their history was, you
2 could never call that case excited delirium. There's --
3 there is no specific finding.

4 Q. Well, from a scientific standpoint, then how
5 can you replicate the conditions which lead to what
6 might ultimately be classified as an excited delirium
7 death?

8 A. It's -- it's not an experiment. It's not
9 something that needs to be replicated.

10 Q. Why not? Isn't that the scientific method is
11 you test and retest to see if you get the same result?

12 A. I think when you're dealing with human lives,
13 there's a slightly different set of criteria.

14 Q. How do you -- okay. I hear what you're saying,
15 and I respect that.

16 How do you disprove an excited delirium
17 death?

18 A. I think one example, if you could show that the
19 person's baseline was erratic behavior and psychosis
20 regardless of whether or not they were on drugs, I think
21 that would be a pretty good indication.

22 Q. And you bring up a pretty good point.

23 Erratic behavior can stem from many
24 different things, can't it?

25 A. Sure.

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1 Q. Okay. If you -- if a person is not
2 hyperthermic, is that a way to disprove the excited
3 delirium diagnosis?

4 A. One of several.

5 Q. Would you agree with the statement that until
6 clarification by further study becomes available, the
7 emergency medicine clinician should be aware that tight
8 restraint of agitated patients with the hobble technique
9 is a high-risk procedure that requires measures to avoid
10 positional asphyxia?

11 MR. PHILLIPS: I object as lacking
12 foundation and qualification for this witness, and also
13 is calling for an expert opinion on a topic on which
14 she's not been disclosed.

15 MR. UPCHURCH: Join the objection as --
16 foundation as outside the scope of her province as a
17 treating forensic pathologist in this case.

18 Q. (BY MR. EDWARDS) Would you -- would you agree
19 or disagree with that statement?

20 A. I don't feel comfortable commenting on any
21 practice outside of forensic pathology.

22 Q. After you were educated by Mr. Phillips?

23 A. I would have said it anyway.

24 Q. But you didn't.

25 A. Should I have interrupted?

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1 MR. PHILLIPS: Object to the statements of
2 counsel.

3 MR. EDWARDS: I object to you getting
4 outside what you're supposed to object to, which is only
5 form, only form.

6 MR. PHILLIPS: I'm objecting concisely --

7 MR. EDWARDS: No, you're not.

8 MR. PHILLIPS: -- and on an appropriate
9 bases. I am.

10 Q. (BY MR. EDWARDS) Doctor, can you -- from what
11 you have done as a forensic pathologist, tell us what
12 happened in the last eight to minute -- minutes of
13 Mr. Goode's life.

14 A. I'm sorry. Can you repeat the question.

15 Q. Yes.

16 From your work as a forensic pathologist
17 having done the autopsy, can you tell us what happened
18 physiologically to Mr. Goode during that last eight to
19 ten minutes of his life?

20 A. No.

21 Q. All right. Now, in this Guide for the Manner
22 of Death Classification that we've marked as Exhibit 2,
23 there is a category for deaths attributable to medical
24 negligence.

25 Are you familiar with that?

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1 A. Yes, but I'll review it. Which number is it?

2 Q. Let me see if I can locate it. And you -- you
3 had actually mentioned earlier that this -- this --
4 these categories didn't cover everything, and you
5 mentioned an automobile accident.

6 But 27 does, in fact, cover that, right?

7 MR. GASS: Jim, can you give us the edition
8 of this and the date of it.

9 MR. EDWARDS: Yeah, I already did. It's
10 the first edition.

11 MR. GASS: I didn't -- I got -- I asked for
12 the title, but now I'm asking is this edition 1 that was
13 approved in February of 2002?

14 MR. EDWARDS: Yes, as I previously stated.

15 MR. GASS: Don't -- Tim, don't get pissy
16 about it. I'm sorry if I missed it.

17 A. Number 27 actually addresses specifically
18 pedestrians being struck by vehicles, not motor vehicle
19 collisions.

20 Q. (BY MR. EDWARDS) All right. I'll have to...

21 MR. EDWARDS: You got it? Yeah, okay.

22 Q. (BY MR. EDWARDS) I'll come back to that,
23 Doctor.

24 Would an arterial blood gas result have
25 assisted you in determining the cause of death?

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1 A. I don't think so, no.

2 Q. What does an ABG tell you?

3 A. Well, it measures oxygenation in -- in a sort
4 of current metabolic state, which I would expect to be
5 abnormal.

6 Q. Well, if -- if an ABG taken at the hospital had
7 shown low blood -- low oxygen saturation, would that be
8 information which would have assisted you?

9 A. It would be helpful.

10 Q. Don't you typically have ABG results?

11 A. No.

12 Q. Look at -- my question back about the medical
13 care, in 21, the National Association of Medical
14 Examiners does have a classification for negligent
15 medical care, does it not?

16 A. It does.

17 Q. Okay. And have you ever given an opinion that
18 somebody's death was related to negligence in the
19 healthcare provided?

20 A. I have not, but I know of a couple of cases
21 from colleagues.

22 Q. Do you have an opinion, based upon a reasonable
23 degree of medical certainty, as to whether grossly
24 negligent medical care contributed to the death of
25 Mr. Goode?

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1 MR. PHILLIPS: Objection, lack of
2 foundation, qualification and scope.

3 MR. UPCHURCH: Join the objection.

4 A. I have an opinion. I don't know that it's an
5 expert opinion.

6 Q. (BY MR. EDWARDS) What's your opinion?

7 A. My opinion is that his treatment appeared to be
8 fairly standard, but, again, I don't treat live
9 patients.

10 Q. Well, as a physician, would you expect his
11 pulse oximetry to be -- or for him to have been
12 monitored with pulse oximetry?

13 MR. PHILLIPS: Same objection.

14 MR. UPCHURCH: Join the objection, outside
15 the scope and province of this witness.

16 Q. (BY MR. EDWARDS) You may answer, Doctor.

17 A. I -- I have no idea about current treatment
18 protocols, current monitoring protocols, emergency room
19 treatment at all.

20 Q. Okay. When you have -- have you had cases
21 similar to Mr. Goode before?

22 A. I have certainly had many cases in which law
23 enforcement are involved. I have had cases of excited
24 delirium, and I have had cases where I did attribute the
25 cause of death to positional asphyxia.

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1 Q. And -- okay. And in those cases where you
2 listed positional asphyxia as the cause of death, what
3 were the findings on autopsy that you used to support
4 that diagnosis?

5 A. A lot of it is circumstantial, seeing how a
6 decedent was found, for example.

7 Q. I'm sorry. The way a decedent?

8 A. A decedent was found. For example, if they're
9 stuck in a -- in an awkward-type position that restricts
10 their breathing. Infants, it's not terribly uncommon,
11 unfortunately, to die from positional asphyxia if they
12 fall into something or fall into a corner between a wall
13 and a mattress.

14 It's also not terribly uncommon that a
15 person will be put in a choke hold and the person
16 administering that choke hold holds it until, for
17 example, the police arrive. I've had that -- a case
18 where that happened. Those are probably the -- the main
19 positional asphyxia cases that I've had.

20 Q. Okay. And you've already told us about the
21 lack of pathological finding for excited delirium; is
22 that correct?

23 A. That's correct.

24 Q. Yeah. Okay.

25 According to the National Association of

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1 Medical Examiners, over 70 percent of medical examiners
2 have been subjected to pressures to influence the
3 opinion put in the autopsy report.

4 Would you agree with that?

5 A. I have not heard that statistic. It seems
6 quite high.

7 Q. Have you ever been pressured to put a result in
8 an autopsy report?

9 A. I have not.

10 Q. Were you contacted by any representative of the
11 City of Southaven before you signed off on this autopsy
12 report?

13 A. No.

14 Q. Did -- did you talk to the coroner in DeSoto
15 County?

16 A. I would have spoken to the coroner -- not
17 before I signed off on it, but I would have spoken to
18 him probably the day of the case.

19 Q. Did -- did you talk to anyone at Baptist
20 Memorial Hospital before you signed off on the report?

21 A. No.

22 Q. Now, did you ever confer with Mrs. Goode about
23 your findings?

24 A. No.

25 Q. Are you ethically obligated to do that?

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1 A. No. I -- I -- if someone -- if a family member
2 calls me and would like to talk about a case, I
3 generally do.

4 Q. Did you -- did you provide Mrs. Goode with the
5 preliminary autopsy findings?

6 A. I don't know. That's something that would have
7 been done by our administrative staff at the office. I
8 think it was -- I think it was standard practice. I'm
9 not -- I'm not certain.

10 Q. Are you a member of the American Medical
11 Association?

12 A. No.

13 Q. Why not?

14 A. Because it's extremely expensive. I do have
15 their life insurance, though.

16 Q. Well, were you willing to relate the
17 information about your autopsy to Mrs. Goode?

18 A. Was I willing to?

19 Q. Yes.

20 A. Yes, I believe that if she's legal next of kin,
21 I think she would have automatically been sent a copy of
22 the report.

23 Q. She should have been, right?

24 A. I -- I think that was standard practice in the
25 office, but, again, I'm not sure. I -- that's not

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1 something I personally would have done or been
2 responsible for.

3 Q. When you looked at Dr. Di Maio's book, did you
4 look at the section that we talked about about
5 classification of deaths that may be caused by excited
6 delirium?

7 A. I did briefly, yes.

8 Q. All right. Do you agree that Dr. Di Maio says
9 that if that's your conclusion, it should be put in the
10 autopsy report?

11 A. He -- he says -- he uses the word suggests.
12 Again, it's just a suggestion.

13 Q. Has the National Association of Medical
14 Examiners taken an official position as to whether or
15 not excited delirium is a valid medical diagnosis?

16 A. I -- I don't know that they have.

17 Q. In excited delirium death cases, is there ever
18 a finding that you'd been involved in -- is there ever a
19 finding before death of low oxygen saturation?

20 A. In excited delirium cases that I've done?

21 Q. Yeah.

22 A. I -- I wouldn't remember that.

23 Q. Okay. If there is a finding of low oxygen
24 saturation, does that preclude a finding of excited
25 delirium?

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1 A. I wouldn't think so, no.

2 Q. Do you know?

3 A. It would not preclude me personally from making
4 that diagnosis, I can say.

5 Q. Were you aware before signing this report that
6 Mr. Goode had had findings above low oxygen sats and
7 supraventricular tachycardia?

8 A. I don't recall if I knew that. If it was in
9 the hospital records, I presumably saw it.

10 Q. Are those findings important to you as a
11 forensic pathologist?

12 A. They would be helpful.

13 Q. How would they be helpful?

14 A. Again, I'm not sure that -- I don't know that
15 it would change my diagnosis, but, sure, I mean, I
16 suppose any additional results are potentially helpful.

17 Q. Is a diagnosis of complications of LSD as a
18 cause of death a -- something we can find in the medical
19 literature as a reliable diagnosis?

20 A. The cause of death -- manner of death is
21 limited to five categories. Cause of death is infinite.
22 You can say any combination of words you want.

23 So -- so I'm not sure how to answer that.
24 I guess you could Google it.

25 Q. Well, let me ask you more pointedly.

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1 If you had found that the manner of
2 restraint had caused or contributed to the cause of
3 death, shouldn't you have classified the death as a
4 homicide?

5 A. If I believed it caused the death, yes.

6 Q. If it contributed to the death?

7 A. I'm not convinced that it did.

8 Q. Well, I'm not -- what is your position on that?
9 Because you said that -- that he died of complications
10 of -- of LSD, right?

11 A. Right.

12 Q. And you said that the hog-tie was a
13 complication of LSD, right?

14 A. It was associated with the LSD intoxication,
15 yes.

16 Q. Well, is it a complication of the LSD?

17 A. I'm not convinced that it was.

18 Q. Well, Doctor, with all due respect, earlier you
19 said that it was.

20 Was it or wasn't it?

21 A. I said I believe that the fact that he was
22 restrained was secondary to his intoxication.

23 Q. Okay. So is that a complication of the LSD?

24 A. The restraint themselves is, but I'm not
25 convinced that it contributed or caused his death.

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1 Q. Are you convinced that it did not?

2 A. I'm more convinced -- I'm more convinced that
3 it didn't than it did.

4 Q. And what's the basis for that?

5 A. My past experience and the -- the current
6 literature on positional asphyxia deaths.

7 Q. Okay. Good.

8 What -- what current literature are you
9 referring to?

10 A. There are a couple of articles by a guy named
11 Chan, C-H-A-N. One, he's the first author; one, he's a
12 coauthor. But they basically take healthy subjects,
13 restrain them, maximally, I suppose, put weights on
14 their back, et cetera, and then check their vital signs.
15 And they didn't really show that their breathing was
16 restricted.

17 Q. How long did they leave them in that position?

18 A. I don't recall. It's been -- it's been a while
19 since I read the articles.

20 Q. How long was Mr. Goode restrained maximally in
21 a prone position?

22 A. I don't recall. I think maybe a couple of
23 hours.

24 Q. Did the Chan and Newman studies use people that
25 were asthmatic?

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1 A. Probably not.

2 Q. Why not? Why wouldn't they have done that?

3 A. I don't think it would be ethical to do the
4 study on somebody that had a health problem.

5 Q. Does -- were you aware that Mr. Goode was
6 asthmatic?

7 A. I was not. And no, and I -- I heard about
8 that, I believe, in a news article at some point, but I
9 was not told that he was asthmatic.

10 Q. Isn't that something you would have liked to
11 have known?

12 A. It would have been helpful, yes. Although,
13 asthma has fairly typical features, grossly and
14 histologically, neither of which I saw.

15 Q. Is asthma -- asthma is a condition that affects
16 breathing, right?

17 A. Yes.

18 Q. And putting somebody in a prone position
19 restricts breathing; is that correct?

20 A. Potentially.

21 Q. It compresses -- compresses the diaphragm and
22 the intercostal muscles -- can?

23 A. It can.

24 Q. And the diaphragm and intercostal muscles are
25 those which make you breathe, right?

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1 A. Yes.

2 Q. Did you give a presentation to the University
3 -- University of Mississippi Medical Center on the
4 subject of when is a heart attack a homicide?

5 A. Yes.

6 Q. And what was your conclusion in that?

7 A. I didn't have a conclusion. It described a
8 series of criteria that was outlined ages ago by Joe
9 Davis in Miami which is where I trained. And he
10 outlined a set of criteria in cases where a heart attack
11 may be considered a homicide. And I became interested
12 in that because I had a relevant case during my training
13 in Miami.

14 Q. Heart attacks -- heart attacks can be
15 considered homicide when they cause an arrhythmia that
16 is induced by physical or emotional stress provoked by
17 altercation with another person or a restraint; is that
18 fair?

19 A. Among other things.

20 Q. Yeah. Okay.

21 MR. EDWARDS: We've been going on hour and
22 a half. Would you like to take a break?

23 THE WITNESS: I'm okay if y'all are.

24 MR. MCCracken: I think I need to take a
25 break.

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1 THE VIDEOGRAPHER: This ends media 1. Off
2 record 1:04.

3 (Recess from 1:04 p.m. to 1:15 p.m.)

4 THE VIDEOGRAPHER: This begins media 2. On
5 record 1:15.

6 Q. (BY MR. EDWARDS) Doctor, did you make a
7 determination about Mr. Goode's dopamine transporter
8 levels?

9 A. No.

10 Q. So you can't say one way or the other whether
11 they were elevated?

12 A. No.

13 Q. All right. Did you find any evidence that
14 Mr. Goode had an elevation of heat shock protein 70 in
15 his brain?

16 A. No.

17 Q. You did not?

18 A. No. Those tests are all far beyond our -- our
19 little state's capabilities.

20 Q. Okay. Is elevation of heat shock protein 70 an
21 indication of excited delirium?

22 A. I've heard that some of those areas are being
23 studied, but I don't know anything else about it beyond
24 that.

25 Q. Okay. Did you receive any information about

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1 eyewitness reports of the taking of Mr. Goode into
2 custody?

3 A. Did I receive eyewitness reports?

4 Q. Yes. Did you have that information?

5 A. No.

6 Q. All right. If a witness had described
7 Mr. Goode with a very red face, eyes bulging and
8 laboring for breath, is that information which would
9 have been helpful to you?

10 A. It would have been helpful. Again, all
11 information is -- is helpful.

12 Q. Were you provided that information?

13 A. I was -- I was not, no.

14 Q. Well, before you render an opinion as to cause
15 of death, do you as a forensic pathologist want to have
16 all information available?

17 A. Well, as much as possible, but I don't
18 interview eyewitnesses.

19 Q. Doctor, I'm -- I'm not being critical. I'm
20 just asking what you had.

21 A. All -- all information is helpful.

22 Q. Did you -- were you made aware that Mr. Goode
23 was injected with Haldol and Ativan?

24 A. Yes, if not through medical records. I assume
25 I was made aware through medical records and then from

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1 -- clearly from his toxicology report as well.

2 Q. Okay. Did Haldol and Ativan contribute to the
3 cause of death?

4 A. No.

5 Q. Do you know anything about the clinical
6 treatment for excited delirium?

7 A. No.

8 Q. All right. So the -- I want to make sure I
9 understand your testimony.

10 You did not have the evidence to put
11 excited delirium as the cause of death; is that correct?

12 A. I felt that by using the term I did, I would
13 encompass excited delirium underneath that category.

14 Q. Then why didn't you put excited delirium in
15 there?

16 A. Well, because I did -- I did wish that I had a
17 little bit -- I did wish that I had a documented
18 hypothermia.

19 Q. You did not have the pathological findings to
20 make you comfortable in assigning the cause of death as
21 excited delirium?

22 A. Well, there are no pathologic findings. I
23 didn't have the -- the antemortem data that would have
24 make me -- made me completely comfortable making that
25 diagnosis.

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1 Q. Well, you don't -- forensic pathologists are
2 never completely comfortable unless it's just something
3 very obvious that killed the person, correct?

4 A. Well, and a lot of times, it is really obvious.

5 Q. Right. But, again, why didn't you put excited
6 delirium as cause of death if you're throwing that in
7 under the umbrella of complications of LSD?

8 A. Because I didn't have the hypothermia.

9 Q. Which is always present with excited delirium?

10 MR. PHILLIPS: Objection, asked and
11 answered.

12 MR. UPCHURCH: Join the objection, multiple
13 times.

14 Q. (BY MR. EDWARDS) Correct?

15 A. I have answered the question.

16 Q. And your answer is yes?

17 A. My answer is that, to my knowledge, it is a --
18 a pretty typical feature of excited delirium.

19 Q. Not pretty typical.

20 It's always present with excited delirium?

21 A. I don't know that.

22 Q. Do you have any basis for saying that it's not
23 always present?

24 A. Excited delirium is a relatively new topic.
25 It's a relatively new syndrome to be described. And in

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1 saying every single case is a pretty bold statement.

2 I'm not sure that we're at that point yet.

3 Q. Doctor, excited delirium has been diagnosed
4 since the 19th Century in psychiatric patients, has it
5 not?

6 A. It has, but in relation to drug use and law
7 enforcement involvement, it's become a more recent
8 issue.

9 Q. Right. But originally in the 19th Century,
10 there were reports of excited delirium in psychiatric
11 patients, and then it -- with the advent of cocaine,
12 there became reports of excited delirium related to
13 stimulant drugs, particularly cocaine and amphetamines;
14 is that accurate?

15 A. I'll take your word for it.

16 Q. Well, you -- all right.

17 What are the other complications of -- let
18 -- let's list every complication of LSD that you say
19 caused Mr. Goode's death. Give me every one.

20 A. I don't think I -- I didn't intend it to be a
21 list. It's a -- some -- it's generally physiologic and
22 -- and metabolic derangement that -- that ultimately led
23 to his death.

24 Q. I'm -- Doctor, I'm just using your words. It
25 says complications of LSD.

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1 A. Well, if there was a list, I would have
2 provided a list.

3 Q. Well, what did you mean -- that's what we're
4 here for. What did you mean that complications of LSD
5 caused the death?

6 A. I meant all of the physiologic metabolic
7 derangements that occurred subsequent to his ingestion
8 of LSD.

9 Q. And that's what I want to know.

10 What were those?

11 A. I can't -- I don't know that I can list every
12 one, but obviously, a probable arrhythmia is going to be
13 one. Lactic acidosis might be one. Electrolyte
14 imbalance may be one. Hypothermia may be one.

15 Q. But it was not?

16 A. Not based on the one reading I had.

17 Q. Do you have any -- any information that he was
18 acidotic?

19 A. I don't recall. It could have been in the
20 medical records.

21 Q. What testing was done at the hospital to
22 determine his physical state?

23 A. I don't recall.

24 Q. Okay. So go ahead with your list. You've
25 listed three or four.

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1 A. Yeah, I think -- we'll just -- let's just go
2 with those.

3 Q. Okay. Could you tell me again, please. Give
4 me the ones that you say. Acidosis. We didn't have
5 hypothermia, and we don't --

6 A. Arrhythmia.

7 Q. Arrhythmia, which you know he was in well
8 before arriving at the hospital?

9 A. And electrolyte derangements.

10 Q. Did he have electrolyte derangements?

11 A. I don't recall.

12 Q. Well, where would we find it? Is it mentioned
13 in your report?

14 A. No. It would have been in his medical records.

15 Q. So would you agree that the way you phrase the
16 cause of death is not very helpful?

17 A. The cause of death is meant to be -- it's not
18 meant to be a physiologic mechanism. It's -- it's meant
19 to be -- and it's -- and it's not meant to be -- to be a
20 list.

21 So when you say somebody died from blunt
22 force trauma, you don't go through and say, oh, well,
23 they lost blood or they had a contusion of their heart
24 or a laceration of their liver. It's -- the cause of
25 death isn't intended to describe a mechanism -- a

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1 physiologic mechanism.

2 Q. What is the purpose of an autopsy report?

3 A. To list the findings -- to list the findings --

4 Q. The purpose --

5 A. -- at autopsy.

6 Q. Sorry.

7 The purpose of an autopsy report is to give
8 a cause of death; right?

9 A. Yes.

10 Q. And somebody reading your autopsy report is
11 going to say complications of LSD, what's that, right?

12 A. I don't know.

13 Q. Well, my question -- going back to my question.
14 Another physician reading your autopsy report is going
15 to be told nothing about what caused Troy Goode to die.

16 Do you agree or disagree?

17 A. Not mechanistically. That's not what the
18 autopsy is meant to do.

19 Q. Well, somebody reading your report, are they
20 going to conclude that toxicity of LSD killed Mr. Goode?

21 MR. PHILLIPS: Objection, calls for
22 speculation.

23 A. I -- I think they would conclude that LSD
24 ingestion led to his death.

25 Q. (BY MR. EDWARDS) How is what --

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1 A. Again, that --

2 Q. -- that question is about.

3 A. -- that's the mechanism. That's not -- that's
4 not the point of the autopsy. The autopsy is to list
5 the physical findings which are listed here.

6 Q. The -- the point of the autopsy is for legal
7 purposes, is it not?

8 A. For vital statistic purposes.

9 Q. Yeah. And it also -- you know that -- that
10 autopsies are often used in criminal cases in court,
11 right?

12 A. Yes.

13 Q. And you know that if the autopsy report in this
14 case -- and it said homicide, somebody could have gotten
15 indicted for it, right?

16 A. That's possible.

17 Q. And you know that if this death was caused by
18 the manner of police restraint and the length of time he
19 was left in that restraint, that should have been
20 classified as a homicide, correct?

21 A. If death was cause to that, then, yes, I would
22 have called it a homicide.

23 MR. EDWARDS: One minute, Doctor.

24 Q. (BY MR. EDWARDS) Was asphyxia a complication
25 of LSD?

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1 A. I don't believe that he asphyxiated, so I would
2 say no.

3 Q. If he did asphyxiate, would -- could that have
4 been caused by LSD?

5 A. If he did asphyxiate? He could have
6 asphyxiated from any number of reasons.

7 Q. Does any number of reasons include LSD?

8 A. I'm sorry. I guess I don't understand the
9 question.

10 Q. Isn't the answer, no, that LSD doesn't cause
11 asphyxiation?

12 A. I'm sorry. What was the question?

13 Q. I said isn't the answer to the question does
14 LSD cause asphyxiation no?

15 A. I would have to hear the original question.

16 Q. The question was -- this is the original
17 question.

18 Does LSD cause asphyxiation?

19 A. Not in and of itself, no.

20 Q. Okay.

21 MR. EDWARDS: I'll pass the witness.

22 MR. PHILLIPS: Dr. Barnhart, I'm Marty
23 Phillips, and in this case I represent Dr. Oliver.

24 E X A M I N A T I O N

25 BY MR. PHILLIPS:

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1 Q. Your responsibility in doing the autopsy of
2 Mr. Troy Goode was to fulfill your role as the chief
3 deputy medical examiner in the state of Mississippi,
4 right?

5 A. Yes.

6 Q. And to determine the cause of his death, right?

7 A. Yes.

8 Q. And to list that cause of death in an autopsy
9 report, right?

10 A. Yes.

11 Q. You, in fact, prepared an autopsy report that
12 has been marked as Exhibit 1 to your deposition by
13 Mr. Edwards, correct?

14 A. Yes.

15 Q. And on the document you prepared, you listed
16 the cause of death as complications of LSD toxicity,
17 right?

18 A. Yes.

19 Q. That was the conclusion that you reached in
20 your capacity as chief deputy medical examiner for the
21 state of Mississippi relative to the death of Mr. Troy
22 Goode, right?

23 A. Yes.

24 Q. You came to that opinion after being provided
25 with some information about the day of Mr. Goode's

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1 death, right?

2 A. Yes.

3 Q. You came to that opinion and conclusion having
4 been provided with a copy of some records, including
5 those from Baptist Hospital, right?

6 A. Yes.

7 Q. You came to that conclusion after personally
8 examining the body of Mr. Troy Goode, right?

9 A. Yes.

10 Q. You came to that conclusion after carefully
11 inspecting his internal organs, right?

12 A. Yes.

13 Q. You came to that conclusion after
14 microscopically evaluating tissue from Mr. Goode's body
15 and organs, right?

16 A. Yes.

17 Q. You came to that conclusion after doing -- or
18 having done toxicology studies to tell you about the
19 drugs that were in Mr. Goode's system at the time of his
20 death, right?

21 A. Yes.

22 Q. And with the benefit of all that information,
23 you concluded that the cause of death was complications
24 of LSD toxicity, right?

25 A. Yes.

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1 Q. And is that still your opinion today?

2 A. It is.

3 Q. To a reasonable degree of medical certainty?

4 A. Yes, it is.

5 Q. You concluded also that the manner of death was
6 an accident, right?

7 A. Yes.

8 Q. You recorded that in your autopsy report?

9 A. Yes.

10 Q. Is that still your opinion as to the manner of
11 death today to a reasonable degree of medical certainty?

12 A. Yes.

13 Q. The toxicology screen that was performed at
14 your direction indicated the presence of marijuana in
15 Mr. Goode's body, right?

16 A. Yes.

17 Q. That is an illegal drug, isn't it?

18 A. Yeah.

19 MR. EDWARDS: Objection to the form. What
20 state?

21 Q. (BY MR. PHILLIPS) In the state of Mississippi
22 in July of 2015, was it an illegal drug, Doctor?

23 A. Yes.

24 Q. And you knew that because of your work in that
25 state at the time, right?

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1 A. Yes.

2 Q. The toxicology screening also showed the
3 presence of LSD, didn't it?

4 A. Yes.

5 Q. That too is an illegal drug in the state of
6 Mississippi in July of 2015?

7 A. Yes.

8 Q. LSD is a DEA schedule I substance, isn't it?

9 A. It is.

10 Q. What does that mean?

11 A. It means that it has no therapeutic -- no known
12 therapeutic value.

13 Q. It causes panic and paranoid reactions, among
14 other things?

15 A. Yes.

16 Q. And one can have those reactions to LSD or have
17 what might be characterized as a bad trip even if one
18 has not taken a high dose of LSD, right?

19 A. That's my understanding, yes.

20 Q. But for the ingestion of LSD, Mr. Goode would
21 not have died, correct?

22 A. That's my opinion, yes.

23 Q. That is your opinion to a reasonable degree of
24 medical certainty, isn't it?

25 A. Yes.

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1 Q. You were asked several questions by Mr. Edwards
2 concerning literature, can you point to any literature,
3 can you cite any literature.

4 Remember those type of questions?

5 A. Yes.

6 Q. Were you asked by Mr. Edwards before the
7 deposition today to locate and bring literature with you
8 to discuss?

9 A. No.

10 Q. Have you had any opportunity to look for or
11 locate literature?

12 A. No.

13 Q. Mr. Edwards asked you about the findings of
14 edema in Mr. Goode's lungs.

15 Remember those questions?

16 A. Yes.

17 Q. I think I understood you to say that that is
18 not an uncommon finding at the time of autopsy?

19 A. That's correct. It's very common.

20 Q. And in Mr. Goode's case, you did not relate the
21 pulmonary edema or the fluid in his lungs to asphyxia,
22 did you?

23 A. No. Again, it's -- it's a non-specific
24 finding.

25 Q. You were also asked about congestion in the

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1 liver, kidneys and spleen.

2 Remember those questions?

3 A. Yes.

4 Q. That too is a non-specific finding, right?

5 A. Correct.

6 Q. It is not an uncommon finding at the time of
7 autopsy, is it?

8 A. That's correct.

9 Q. You did not relate the finding of congestion in
10 the liver, kidney and spleen to Mr. Goode to asphyxia in
11 this case, did you?

12 A. No.

13 Q. Did you find any petechiae around his eyes?

14 A. No.

15 Q. You were asked questions about petechiae around
16 the eyes, but there were none found in Mr. Goode, were
17 there?

18 A. No.

19 Q. Even though you didn't conclude that Mr. Goode
20 overdosed on LSD, you still think LSD was the
21 precipitating cause of his death as you've described
22 here today, right?

23 A. I do.

24 Q. In your autopsy report, which has been marked
25 as Exhibit 1, you did not attribute Mr. Goode's death to

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1 the manner in which he was restrained, did you?

2 A. I did not.

3 Q. It has not been your intention today in
4 response to any question asked to criticize the care
5 provided by the emergency room physician, Dr. Oliver,
6 has it?

7 A. No.

8 Q. Are you board-certified, Doctor?

9 A. I am.

10 Q. By what boards?

11 A. The American Board of Pathology in anatomic
12 pathology, clinical pathology and forensic pathology.

13 Q. How long have you held those board
14 certifications?

15 A. Anatomic and clinic pathology since 2009;
16 forensic pathology since 2010.

17 Q. In the years that you have been working as a
18 forensic pathologist, will you tell us the approximate
19 number of autopsies you've been involved with.

20 A. At last count, I think about 2800. That's
21 out-of-date. I would say it's closer to 32 or 3500 at
22 this point.

23 Q. In the office where you now work in Galveston
24 County, Texas, about how many autopsies a year does that
25 office perform?

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1 A. About 1200.

2 Q. When you concluded that Mr. Goode died of
3 complications of LST -- LSD toxicity, did you rely upon
4 your education and training as a forensic pathologist to
5 reach that conclusion?

6 A. I did.

7 Q. When you concluded that Mr. Goode died of LSD
8 toxicity -- complications of LSD toxicity, did you rely
9 upon your experience as a forensic pathologist?

10 A. I did.

11 Q. Okay. Have the opinions that you've expressed
12 in response to my questions been given to a reasonable
13 degree of medical certainty?

14 A. Yes.

15 MR. PHILLIPS: Thank you, Dr. Barnhart.

16 MR. UPCHURCH: Doctor, good afternoon. My
17 name is David Upchurch. We met prior to your deposition
18 today. Let me follow up briefly on the questions that
19 have been asked to you regarding the petechiae.

20 E X A M I N A T I O N

21 BY MR. UPCHURCH:

22 Q. As I understand your discussion with
23 Mr. Edwards at the onset of your deposition, when one
24 has a diagnosis of asphyxia, did I understand correctly
25 that typically, pathological findings will include

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1 petechiae in the eyelids or conjunctivi?

2 **A. Yes.**

3 Q. If we look at your autopsy report on page 2
4 under external examination, the petechiae that you noted
5 were on the back and lateral torso, correct?

6 **A. Yes.**

7 Q. You did not find upon your external examination
8 any ocular facial petechiae hemorrhages, did you?

9 **A. No.**

10 Q. Nor did you find any plural hemorrhages in your
11 evaluation?

12 **A. No, I did not.**

13 MR. UPCHURCH: Thank you, ma'am. That's
14 all I have for you.

15 MR. EDWARDS: Brad?

16 MR. DILLARD: Yes, sir.

17 Doctor, my name is Brad Dillard. I'm one
18 of the attorneys for the Southaven defendants.

19 E X A M I N A T I O N

20 BY MR. DILLARD:

21 Q. And I simply want to be sure I understand your
22 testimony.

23 Am I correct it is not your intention to
24 criticize, nor have you criticized, the actions of the
25 Southaven Police Department or the Southaven EMS in

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1 regard to their interactions with Mr. Troy Goode?

2 A. No, that's not my intention.

3 Q. And you, in fact, have offered no such
4 criticisms, correct?

5 A. Not to my knowledge, no.

6 MR. DILLARD: Thank you.

7 MR. JORDAN: This is Trey Jordan on behalf
8 of Southeast Emergency Physicians. I do not have any
9 questions of the doctor at this time.

10 MR. EDWARDS: Doctor, very briefly, let me
11 follow up.

12 FURTHER EXAMINATION

13 BY MR. EDWARDS:

14 Q. You were asked about marijuana.

15 Marijuana played no part in this death, did
16 it?

17 A. I don't believe it did.

18 Q. How many states have legalized marijuana now?

19 A. I don't know.

20 Q. It's in excess of 20, isn't it?

21 A. I don't know.

22 Q. Are you an LSD expert?

23 A. No.

24 Q. You've never written on LSD?

25 A. No.

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1 Q. You've never tested LSD?

2 A. I -- I've tested for it.

3 Q. Right. But you've -- have you ever done
4 testing of subjects on LSD?

5 A. No.

6 Q. Do you know who Timothy Leary was?

7 A. I do.

8 Q. At Harvard?

9 A. Yes.

10 Q. Do you know who Al -- Aldous Huxley was?

11 A. Yes.

12 Q. Both of them were big proponents of LSD?

13 A. Yes.

14 Q. Okay. You didn't know that Mr. Goode was
15 asthmatic?

16 A. Again, I found that out somehow later, I
17 believe, through a media article or something.

18 Q. You weren't told that the police were given his
19 rescue inhaler at the scene?

20 A. No, I don't recall ever being told that.

21 Q. Okay. You weren't made aware of the
22 independent witness who saw Mr. Goode in the hospital
23 and what she said about his condition?

24 A. No.

25 Q. You said the -- in response to one of

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1 Mr. Phillips' questions, the precipitating cause of the
2 death was LSD?

3 A. Yes.

4 Q. That's true in every police custody case, that
5 there is some precipitating cause that gets the police
6 to bind the suspect, right?

7 A. I would think so.

8 Q. So you could say the precipitating cause in any
9 case was alcohol or public unruliness or whatever,
10 right? You could say that in any case involving police
11 excessive force?

12 A. I wouldn't attribute a death to being unruly.

13 Q. Well, let's -- let's assume you have a case
14 involving alleged police excessive force. The police
15 got involved with the person that died for some reason.

16 Would you agree?

17 A. Yes.

18 Q. So in every case involving police excessive
19 force, you could say the precipitating cause was public
20 drunkenness, for instance?

21 A. I wouldn't be able to make that generalization.
22 I mean, it -- it would depend on what type of
23 interaction occurred with the police. Obviously if the
24 police shot someone, that's a very different situation.

25 Q. Well, that's a -- that's a good analogy.

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1 Let's suppose somebody is -- is drunk in
2 public and raising Cain and making a nuisance of
3 themselves. Somebody calls the police and the police
4 arrive and shoot the person.

5 In that case, would you say that the
6 precipitating cause was the public drunkenness?

7 A. No. But I think you're comparing being shot to
8 being restrained, which I've already said I don't feel
9 that that was the cause of death, or a contributory
10 cause --

11 Q. I -- I know --

12 A. -- of his death.

13 Q. -- you said that, but you said that the
14 precipitating cause in response to Mr. Phillips'
15 question was LSD. Well, the man who was shot over in
16 South Carolina, the precipitating cause was he was drunk
17 in public and then he was shot.

18 And so my question is, in that case, would
19 you say the precipitating cause was the man being
20 publicly unruly and drunk?

21 MR. PHILLIPS: Object to the statements and
22 testimony of counsel and also the foundation of the
23 question.

24 MR. UPCHURCH: Join --

25 A. I would --

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1 MR. UPCHURCH: -- the objection.

2 A. I would say no, because, again, I don't think
3 being restrained and being shot are analogous.

4 Q. (BY MR. EDWARDS) All right. Well, let's say
5 -- let's say that somebody's publicly drunk. And by --
6 by the way, you agree that the most abused drug in the
7 United States by far and away is alcohol, correct?

8 A. Yes.

9 Q. No question about that, right?

10 A. I would think so.

11 Q. Yeah. All right.

12 Well, let's -- let's say that somebody is
13 drunk, some college kid at UT and he's...

14 MR. MCCracken: They don't drink at UT.

15 Q. (BY MR. EDWARDS) A&M. A&M. And so the cops
16 show up and bind him in such a fashion that he
17 ultimately dies from that.

18 Was the precipitating cause alcohol, in
19 your mind?

20 A. Again, you're attributing someone's death to
21 the way in which they were bound, which I would have to
22 know more about that history.

23 Q. Doctor, you said that the precipitating cause
24 was LSD.

25 The precipitating cause of Mr. Goode being

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1 bound was because he was having a bad trip, right?

2 A. Because he was psychotic, yes.

3 Q. Okay. And so can you be psychotic from
4 alcohol?

5 A. I suppose so.

6 Q. Yeah. Can you be psychotic from cocaine?

7 A. Sure.

8 Q. You can be psychotic because of mental health
9 issues?

10 A. Sure.

11 Q. And so in those cases -- let's say this.
12 Suppose he had been mentally ill.

13 Would you have put as his cause of death
14 mental illness as the precipitating cause?

15 A. If -- if I believed that he had an excited
16 delirium-type picture and I believed that -- depending
17 on the way he was restrained, that the restraints did
18 not cause his death, then, yes, I would make it the
19 underlying cause.

20 Q. The -- the mental disease?

21 A. If I believed that that was what precipitated
22 an excited delirium-type picture.

23 Q. Okay. And -- and precipitated the police
24 involvement? I'm using police involvement in these
25 cases.

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1 A. Right. Then -- then, yes, assuming that I
2 didn't believe that the police restraint, whatever that
3 was, was non-lethal.

4 Q. Aren't you -- in these cases what you're doing,
5 you're blaming the victim, aren't you?

6 A. It's not my job to blame anyone. That's...

7 Q. It's your job to tell the truth so that the
8 public record will know why a person died, right?

9 A. Yes.

10 Q. And what you've said here tells the public
11 nothing, does it?

12 MR. PHILLIPS: Objection, argumentative.

13 MR. UPCHURCH: Join.

14 Q. (BY MR. EDWARDS) You may answer.

15 A. I guess it depends on what the public wants to
16 hear.

17 Q. Have you ever listed as a cause of death, you
18 personally prior to this, complications of LSD toxicity?

19 A. No, but I have listed complications of other
20 drug toxicities many times.

21 Q. Like cocaine?

22 A. And others or mixed drug toxicity.

23 Q. Stimulant drugs?

24 A. No, also depressive-type drugs.

25 Q. Like what?

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1 A. Alprazolam, Bentazepam, opioids, morphine,
2 Soma, Tramadol. There's -- mixed drug toxicities are
3 very common.

4 Q. When you have excessive doses, right?

5 A. Not necessarily. It would depend on the
6 combination.

7 Q. Oh, you might -- you -- you're talking about
8 drug interactions?

9 A. Yes, or just cumulative effect.

10 Q. Okay. What cumulative effect was present with
11 Mr. Goode?

12 A. I never said there was a cumulative effect.

13 Q. So your answer is none, right?

14 A. No, I -- I didn't attribute his death to any
15 sort of cumulative effect.

16 Q. Have you ever heard of any forensic pathologist
17 listing cause of death as complications of LSD?

18 A. No.

19 Q. Did you rely upon the Chan and Newman studies
20 to conclude that the manner of a restraint was not the
21 cause of death here?

22 A. I wouldn't say I relied on them, but it's -- I
23 mean, they -- they are studies that -- that influence
24 the way I think in general. I don't know that I pulled
25 them out specifically for this case.

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1 Q. Can you tell us about the similarities of those
2 studies to the facts of this case?

3 A. No. I haven't read them in years.

4 Q. So the Chan and Newman studies may be factually
5 totally dissimilar to this case?

6 A. That's possible. Again, I don't -- I haven't
7 read them in -- in years.

8 Q. Okay.

9 MR. EDWARDS: That's all I have, Doctor.
10 Thank you.

11 FURTHER EXAMINATION
12 BY MR. PHILLIPS:

13 Q. Dr. Barnhart, as a forensic pathologist, do you
14 have expertise pertaining to drugs in general?

15 A. In general, yes.

16 Q. And including LSD?

17 A. In general, yes.

18 Q. And in your particular examination of Mr. Troy
19 Goode, you actually looked at and felt his lungs, didn't
20 you?

21 A. I did.

22 Q. And when you did that, there was no evidence at
23 all of asthma, was there?

24 A. No.

25 Q. And in addition to looking at his lungs and

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1 feeling of his lungs, you also took portions of tissue
2 and analyzed them carefully under a microscope, didn't
3 you?

4 A. I did.

5 Q. And when you did that, there was no evidence at
6 all of asthma, was there?

7 A. No.

8 MR. PHILLIPS: Thank you.

9 FURTHER EXAMINATION

10 BY MR. EDWARDS:

11 Q. Doctor, did you find any ductal
12 over-insufflation and alveoli collapse? Did you look
13 for those things?

14 A. I'm sorry. Can you repeat the first part?

15 Q. Yes.

16 In your -- did you do a microscopic study
17 of the lung tissue?

18 A. Yes.

19 Q. Did you find any evidence of alternating zones
20 of ductal over-insufflation and alveoli collapse? I'm
21 sorry.

22 A. Yes.

23 Q. You did find that?

24 A. I did.

25 Q. Those are characteristic -- I'm sorry. I've

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1 got a frog in my throat.

2 Those are characteristically present in
3 cases of death by suffocation, correct?

4 A. This is the first time suffocation's been
5 brought up. Suffocation is a completely different thing
6 from anything we've talked about.

7 Q. Well...

8 A. And the -- and the alternating areas of the
9 hyper -- hyperextension and atelectasis are very
10 non-specific. And, again, as I mentioned, a lot of it
11 has to do with the physical contact we had with the lung
12 tissue which compresses portions of it and ruptures
13 other portions of it.

14 Q. Doctor, my question stands. I understand that
15 we haven't talked about suffocation, but the question
16 stands.

17 In cases of -- of -- let me read it to get
18 it correctly -- ductal over-insufflation and alveoli
19 collapse, those are always found where death is
20 determined to be by suffocation?

21 A. I don't know.

22 Q. Is the American Journal of Forensic Medical
23 Pathology a reliable periodical in your field?

24 A. It's -- it's one of many that's -- that may be
25 useful.

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1 Q. Is it peer-reviewed?

2 A. Some of the articles are; some aren't.

3 Q. Is it considered authoritative?

4 A. Again, it would depend on the article.

5 Q. All right. Are you saying that the American
6 Journal of Medical Pathology might publish an article
7 that was not authoritative?

8 A. Yes, as would many journals.

9 Q. Okay.

10 MR. EDWARDS: Thank you.

11 THE VIDEOGRAPHER: Done?

12 This concludes today's deposition. Off
13 record 1:53.

14 MR. JORDAN: This is Trey Jordan. I would
15 like just a copy of the transcript, the transcript only
16 with a keyword index. That's all I need.

17 MR. DILLARD: This is Brad Dillard. I
18 would like a regular and a condensed version.

19 MR. GASS: This is Ric Gass.

20 Marty, would you order for us.

21 MR. PHILLIPS: Yes. I'll --

22 MR. GASS: Be sure the condensed and also a
23 copy of the video.

24 MR. PHILLIPS: Yeah, I'll handle our order.
25 Thank you.

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1 MR. GASS: Okay. Thank you.

2 MR. DILLARD: This is Brad again. I would
3 like a copy of the video as well, please.

4 MR. UPCHURCH: David Upchurch would like a
5 copy of the transcript with a condensed as well, please,
6 and I would like a copy of the video too.

7 MR. EDWARDS: Same here for the plaintiffs.

8 MR. PHILLIPS: That's what I want, the full
9 thing, the condensed and the video and, of course, the
10 exhibits.

11 (Proceedings concluded at 1:56 p.m.)

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1 CHANGES AND SIGNATURE

2 WITNESS NAME: ERIN BARNHART, M.D.

3 DATE OF DEPOSITION: SEPTEMBER 20, 2017

4 PAGE LINE CHANGE REASON

5 _____

6 _____

7 _____

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24 _____

25 _____

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1 I, ERIN BARNHART, M.D., have read the foregoing
2 deposition and hereby affix my signature that same is
3 true and correct, except as noted above.

4

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ERIN BARNHART, M.D.

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IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF MISSISSIPPI
OXFORD DIVISION

KELLI DENISE GOODE,)
Individually, and also as)
the Personal)
Representative of Troy)
Charlton Goode, Deceased,)
and as Mother, Natural)
Guardian, and Next Friend)
of R.G., a Minor, and)
also on behalf of all)
similarly situated)
persons,)
Plaintiff,)

v.

Civil Action No.
3:17-cv-060-DMB-RP

THE CITY OF SOUTHAVEN, et)
al.,)
Defendants.)

REPORTER'S CERTIFICATION

DEPOSITION OF ERIN BARNHART, M.D.

September 20, 2017

I, Julie R. Borski, Certified Shorthand
Reporter in and for the State of Texas, hereby certify
to the following:

That the witness, ERIN BARNHART, M.D., was duly
sworn by the officer and that the transcript of the oral
deposition is a true record of the testimony given by
the witness;

That the original deposition was delivered to
Mr. Tim Edwards, Custodial Attorney.

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1 That a copy of this certificate was served on
2 all parties shown herein on _____.

3 I further certify that pursuant to FRCP Rule
4 30(f) (1) that the signature of the deponent:

5 _X_ was requested by the deponent or a party
6 before the completion of the deposition and that
7 signature is to be returned within 30 days from the date
8 of receipt of the transcript. If returned, the attached
9 Changes and Signature Page contains any changes and the
10 reasons therefore.

11 ___ was not requested by the deponent or party
12 before the completion of the deposition.

13 I certify that I am neither attorney or counsel
14 for, related to, nor employed by any of the parties or
15 attorneys in the action in which this proceeding was
16 taken. Further, I am not relative or employee of any
17 attorney of record in this cause, nor am I financially
18 or otherwise interested in the outcome of this action.

19
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1 Certified to by me this 3rd day of October,
2 2017.

Julie R. Borski, Texas CSR 9311
Expiration Date: 12/31/17
Alpha Reporting Corporation
236 Adams Avenue
Memphis, Tennessee 38103
901.523.8974

Alpha Reporting Corporation

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